



# STATE OF INDIANA

Michael R. Pence, Governor

Kent W. Abernathy, Commissioner

## Mini-Truck Title Application Checklist

Titles for mini-trucks being titled as a mini-truck for the first time in Indiana must be issued by the BMV Central Office Title Processing department. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ [Application for Certificate of Title - State Form 44049](#)
- ☐ Proof of ownership:
  - Mini-trucks purchased 1/1/2016 or after: A Certificate of Title or Manufacturer's Certificate of Origin (C of O) must be submitted for all mini-trucks purchased 1/1/2016 or after. If a Certificate of Title or C of O cannot be provided, you must obtain a Court Order.
  - Mini-trucks purchased before 1/1/2016: In the event the current owner does not have a Certificate of Title or C of O as an ownership document, submit a bill of sale (completed by the seller). In the event that a bill of sale is not available, complete the general Affidavit – State Form 37964 provided in this packet.
- ☐ [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#). Required for vehicles purchased outside Indiana or when a Certificate of Title or C of O is not submitted as the ownership document.
- ☐ [Odometer Disclosure Statement – State Form 43230](#)
- ☐ One side view picture of the entire vehicle.
- ☐ One Proof of Indiana Residency. An Indiana driver's license or identification card may be accepted as proof of the address on the credential is correct. If the address is not correct, any document from the approved [BMV documentation list](#) that is dated within the last 60 days may be used as proof.
- ☐ \$15.00 title application fee. Include 7% sales tax of the purchase price, proof of sales tax paid on an [ST108 - Certificate of Gross Retail or Use Tax Paid – State Form 48842](#), or if exempt from sales tax, include an [ST108E - Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#). A \$21.50 delinquent title fee will be assessed on mini-trucks purchased 1/1/2016 or after if title application packet is received 31 days after the purchase date. Payable by MasterCard or Visa, check, electronic check, or money order.

If the BMV determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title will be issued. **If all required documents are not submitted or information is incomplete, the entire application will be returned.**

Mail the completed packet to:

Indiana Bureau of Motor Vehicles  
Central Office Title Processing  
100 North Senate Avenue, Room N417  
Indianapolis, IN 46204

**Please include this checklist and contact information with your application.**

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Before Mailing...

- Ensure all documents are included. If all required documents are not submitted or are incomplete, your application will be rejected.
- Sign all forms.
- If the vehicle does not have a Vehicle Identification Number (VIN), you must include the application for [Special Identification Number \(MVIN\) packet](#).

# APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R5 / 1-15)

Approved by State Board of Accounts, 2015

|  |  |                 |                       |                                   |   |  |              |                        |  |
|--|--|-----------------|-----------------------|-----------------------------------|---|--|--------------|------------------------|--|
| TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS. |  |                 |                       |                                   | I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION. |  |              |                        |  |
| VEHICLE IDENTIFICATION NUMBER  |  |                 |                       |                                   |   |  |              |                        |  |
| YEAR   | MAKE   | MODEL           | TYPE                  | DATE (month, day, year)           | X _____<br>X _____<br>DATE (month, day, year): _____  |  |              |                        |  |
| INSPECTOR'S PRINTED NAME AND TITLE   |  |                 |                       | CITY                              |   |  |              |                        |  |
| INSPECTOR'S SIGNATURE  |  |                 |                       | BADGE, BRANCH OR DEALER PLATE NO. |   | The law requires that you apply for Certificate of Title within thirty-one (31) days from the date of purchase of a motor vehicle. There is a delinquent fee for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. *In accordance with Federal Code 363. |              |                        |  |
| 1.   | TITLE NUMBER                                 |                 | BRANCH NO.            | INVOICE NO.                       | BMV USE ONLY  |  |              |                        |  |
| 2.   | *SOC. SEC./FEDERAL I.D. NO.                  |                 | NAME OF APPLICANT     |                                   |   |  | BMV USE ONLY |                        |  |
| 3.   | STREET ADDRESS (number and street)           |                 |                       |                                   | CITY  | STATE  | ZIP CODE     |                        |  |
| 4.   | VEHICLE I.D. NUMBER                          |                 | VEH. YEAR             | VEH. MAKE                         | VEH. MODEL NO.  | VEH. TYPE  | ODOMETER     |                        |  |
| 5.   | FORMER TITLE NUMBER                          | PURCHASE DATE   | LIEN                  | SPEED                             | PICK UP   | MAIL   | DEALER NO.   | BMV USE ONLY           |  |
| 6.   | FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS |                 |                       |                                   |   | STREET ADDRESS (number and street)   |              |                        |  |
| 7.   | CITY   | STATE           | ZIP CODE              | BMV USE ONLY                      |   |  |              |                        |  |
| 8.   | SECOND LIEN'S NAME                           |                 |                       |                                   |   | STREET ADDRESS (number and street)   |              |                        |  |
| 9.   | CITY   | STATE           | ZIP CODE              | LICENSE NUMBER                    | LICENSE YEAR  | FORMS USED   | BMV USE ONLY |                        |  |
| GROSS RETAIL AND USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.  |  |                 |                       |                                   |   |  |              |                        |  |
| 10.  | SELLING PRICE                                | LESS TRADE-IN * | AMOUNT SUBJECT TO TAX | AMOUNT OF TAX                     | DEALER  | BRANCH   | EXEMPT       | IF EXEMPT PLACE PARA.# |  |
|  | \$   | \$              | \$                    | \$                                |   |  |              |                        |  |

\*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

**APPLICANT IS RESPONSIBLE FOR ACCURACY OF INFORMATION.**

**APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES**

**BUREAU - TO BE MAILED WITH TITLE REPORT**

## INSTRUCTIONS

Sign and date on top right signature line.

Line 2

Enter the name (s) (individual(s) or company) and Social Security or Federal Identification Number of the owner(s).

Line 3

Enter the legal address of the owner(s). The legal address is the physical location of the owner's residence or business.

Line 4

Enter the VIN, Year, Make, Model Number and Vehicle Type (examples include: 2S (2 door sedan), 4S (4 door sedan), CN (convertible), CP (coupe), 2W (2 door wagon), 4W (4 door wagon), VA (van), TK (truck), MC (motorcycle), TR (trailer), SE (Semi Trailer), TC (Semi Tractor), RV (recreational vehicle- including motor home and travel trailer), MH (Mobile Home), AT (All Terrain), and LS (Low Speed).

Line 5

Enter the former title number and purchase date. Lien Y/N. If speed title is requested state 'yes' and include an additional \$25 with application.

Line 6 & 8

Indicate lien holder name(s) and mailing address. If there is no lien and title should be mailed to a special one-time address include on line 6&7.

Line 10

Not required to be completed. However, appropriate tax form or payment should be included with title application.



## BILL OF SALE

State Form 44237 (R3 / 8-12)

INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

| VEHICLE OR WATERCRAFT INFORMATION   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
|---|--|--|--|------|--|--|--|-------|--|---------------------------|--|---|--|----------|--|
| Vehicle or Hull Identification Number   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
|   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Year  |  |  |  | Make |  |  |  | Model |  |                           |  | Registration Number<br>(If applicable, watercraft only) |  |          |  |
|   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| SALE INFORMATION  |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Purchase Price  |  |  |  |      |  |  |  |       |  | Date of Sale (mm/dd/yyyy) |  |   |  |          |  |
| Purchaser Name(s) (last, first, middle initial or company name)   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Address (number and street)   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| City  |  |  |  |      |  |  |  |       |  | State                     |  |   |  | ZIP Code |  |
| <b>I do hereby sell, transfer and convey all rights for the above vehicle/watercraft to the buyer in consideration of the sale payment amount. I certify that the vehicle/watercraft is not subject to any liens that are the responsibility of the seller.</b> |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| <b>I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</b>   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Signature of Seller   |  |  |  |      |  |  |  |       |  |                           |  | Date (mm/dd/yyyy)                                       |  |          |  |
| Printed Seller Name (last, first, middle initial or company name)   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Signature of Seller   |  |  |  |      |  |  |  |       |  |                           |  | Date (mm/dd/yyyy)                                       |  |          |  |
| Printed Seller Name (last, first, middle initial or company name)   |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| <b>I swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</b>  |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Signature of Purchaser  |  |  |  |      |  |  |  |       |  |                           |  | Date (mm/dd/yyyy)                                       |  |          |  |
| Printed Purchaser Name (last, first, middle initial or company name)  |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |
| Signature of Purchaser  |  |  |  |      |  |  |  |       |  |                           |  | Date (mm/dd/yyyy)                                       |  |          |  |
| Printed Purchaser Name (last, first, middle initial or company name)  |  |  |  |      |  |  |  |       |  |                           |  |   |  |          |  |



# ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R3 / 5-13)  
INDIANA BUREAU OF MOTOR VEHICLES

**INSTRUCTIONS:** 1. In accordance with federal and state law, the seller of a motor vehicle must disclose the current mileage to a purchaser in writing upon transfer of ownership. The disclosure must be signed by the seller, including the printed name. If more than one person is a seller, only one seller is required to sign the written disclosure.  
2. The purchaser must sign the disclosure statement, including printed name and address, and return a copy to the seller.  
3. Complete this form in its entirety, in blue or black ink.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, \_\_\_\_\_ residing at:  
Printed name(s) of Seller(s)

\_\_\_\_\_ certify to the best of my knowledge that the

Address of Seller(s) (number and street, city, state, and ZIP code)

**odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:**

Miles (no tenths)

☐

1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐

2. I hereby certify that the odometer reading is NOT the actual mileage and should not be relied upon. WARNING - ODOMETER DISCREPANCY.

Vehicle Make

Vehicle Model

Vehicle Year

Vehicle Body Type

Vehicle Identification Number (VIN)

Transfer Date (month, day, year)

I will not hold the Bureau of Motor Vehicles or the Bureau of Motor Vehicles Commission responsible for any discrepancy shown on the odometer reading. I, the undersigned, swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature(s) of Seller(s)

Date (month, day, year)

## PURCHASER'S INFORMATION

**I am aware of and acknowledge the above odometer certification made by the seller(s).**

Signature(s) of Purchaser(s)

Date (month, day, year)

Printed Name(s) of Purchaser(s)

Address of Purchaser(s) (number and street)

City

State

ZIP Code

Reset Form

AFFIDAVIT

State Form 37964 (R2 I 10-05)  
BUREAU OF MOTOR VEHICLES

STATE OF INDIANA }  
COUNTY OF } SS:

Name

Address (*number and street, city, state, ZIP code*)

Deposes and says upon his I her oath that:

**I swear and affirm under the penalties for perjury that I am the legal owner of this mini-truck and that there are no other claims of ownership. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.**

**Vehicle Identification Number:** \_\_\_\_\_

**Vehicle Year, Make, and Model:** \_\_\_\_\_

**Purchase Date:** \_\_\_\_\_

**Purchase Price:** \_\_\_\_\_

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

Signature

Date (*month, day, year*)



## PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

### INSTRUCTIONS:

1. Approved inspector must complete information in blue or black ink or print form.
2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
5. Dealers may not perform watercraft inspections.

| OWNER INFORMATION  |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
|--|------|--|-------|--|---|--|----------------------|--|--|---|--|---|-------------------|
| Name (last, first, middle initial or company name)   |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| Address (number and street)  |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| City   |      |  |       |  |   |  |                      |  |  | State   |  | ZIP Code  |                   |
| VEHICLE OR WATERCRAFT INFORMATION  |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| Identification Number  |      |  |       |  |   |  |                      |  |  |   |  | <input type="checkbox"/> <b>NONE</b> (select if no identification number found) |                   |
|  |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| Year   | Make |  | Model |  | Type                                    |  | Plate Number / State |  |  | Watercraft Registration Number, if applicable |  |   |                   |
|  |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| <b>For assembled vehicles or watercraft include serial numbers for major component parts if present:</b>   |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| Engine / Motor   |      |  |       |  |   |  | Transmission         |  |  |   |  |   |                   |
| Body Chassis   |      |  |       |  |   |  | Front Assembly       |  |  |   |  |   |                   |
| Rear Clip  |      |  |       |  |   |  | Frame                |  |  |   |  |   |                   |
| Other (specify):   |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| <b>*IDACS / NCIC Check</b> (required if form is completed by a police officer)   |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| Date Check Performed (mm/dd/yyyy)  |      |  |       |  | Comments                                |  |                      |  |  |   |  |   |                   |
| <b>I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.</b> |      |  |       |  |   |  |                      |  |  |   |  |   |                   |
| Signature of Inspector   |      |  |       |  | Printed Name                            |  |                      |  |  | Title   |  |   | Date (mm/dd/yyyy) |
| Badge / Branch / Dealer Number   |      |  |       |  | Police Department / Branch / Dealership |  |                      |  |  | City  |  |   | ZIP Code          |
| Telephone Number<br>( )  |      |  |       |  | Email Address                           |  |                      |  |  |   |  |   |                   |



## ***Payment Information***

***Pay by:***

*Check or money order*

*Credit Card (MasterCard or Visa)*

*Electronic check*

*I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card indicated below:*

*Type of card:*      ☐ *MasterCard*      ☐ *Visa*

*Name of cardholder:* \_\_\_\_\_

*Account*

*Number:* \_\_\_\_\_

*Expiration*

*Date:* \_\_\_\_\_

*I hereby authorize the Indiana Bureau of Motor Vehicles to charge the checking account indicated below:*

| <i>Routing Number</i> |  |  |  |  |  |  |  |  |  | <i>Account Number</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |